

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013369

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1688

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp				Length of stay in lb 20 Yrs.		d. STREET ADDRESS (If outside, give location) 4014 E. 11th	
3. NAME OF DECEASED (Type or print) First MARY Middle E Last JONES				4. DATE OF DEATH Month 4 Day 1 Year 1959			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-18-1873	
				9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Charleston, Ill	
				12. CITIZEN OF WHAT COUNTRY? U. S. A			
13a. FATHER'S NAME John Irons				13b. MOTHER'S MAIDEN NAME Lucindy Schaefer		14. NAME OF HUSBAND OR WIFE Norvel Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address May Jones 4014 E. 11th. K. C. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						9C40	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTERTROCHANTERIC FRACTURE RT. HIP						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PT. FELL IN BACKYARD AT HOME 3-16-59			
20c. TIME OF INJURY Hour a.m. p.m. 3-16-59							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION KANSAS CITY 123		COUNTY JACKSON STATE MO.	
21. I attended the deceased from 3-16-59 to 4-1-59 and last saw her alive on 4-1-59 Death occurred at 6:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. A. De Shong M.D. (Degree or title) 2				22b. ADDRESS 2425 Indep. Blvd		22c. DATE SIGNED 4-2-59	
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 4-3-1959		23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc				25. DATE RECD. BY LOCAL REG. 4-2-59		26. REGISTRAR'S SIGNATURE new minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

D. A. De Shong

no longer valid

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forest D. Goldsborough*

Licensed Embalmer No. *4714*
P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.